



**City of Rocky Mount Parks and Recreation  
Permit Only Waterfowl Blind Hunting  
Party Hunt Permit Application**

Each party must:

- 1.) Each party member must complete the information below.
- 2.) Each party member must sign the enclosed release form (an adult must sign for minors).
- 3.) Include \$20– this covers all three party members for the hunt.
- 4.) Return to address below – NO WALK INS ACCEPTED.

The party must include the \$20 hunt fee (2009/10) and mail to:

**City of Rocky Mount  
Outdoor Recreation – Duck  
PO Box 1180  
Rocky Mount NC 27802-1180**

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Party member #1**

Name \_\_\_\_\_ Age \_\_\_\_\_

NCDL# \_\_\_\_\_ Home telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**Party member #2**

Name \_\_\_\_\_ Age \_\_\_\_\_

NCDL# \_\_\_\_\_ Home telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**Party member #3**

Name \_\_\_\_\_ Age \_\_\_\_\_

NCDL# \_\_\_\_\_ Home telephone \_\_\_\_\_

**CITY OF ROCKY MOUNT  
WATERFOWL HUNT PROGRAM  
RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of the participation of the undersigned in the Waterfowl Hunting Program (the "Program") sponsored by the City of Rocky Mount, the undersigned, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE and FOREVER DISCHARGE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Program, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all cost, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with, my participation in the Program, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Program involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Program.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF THE PARTICIPANT HAS AN ACCIDENT OR IS INJURED DURING THE PROGRAM. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

_____(SEAL)	_____
Signature	Name (print)
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_____	_____(SEAL)
Name of Minor Participant	Signature of Parent or Guardian

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\_\_\_\_\_(SEAL)  
Signature

\_\_\_\_\_  
Name (print)

-----

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_(SEAL)  
Signature of Parent or Guardian

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\_\_\_\_\_(SEAL)  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_(SEAL)  
Signature of Parent or Guardian